Telephone: (888) 726-9743

> (334) 242-4064 (334) 242-3603

Alabama Board of Physical Therapy 100 NORTH UNION STREET, SUITE 724

MONTGOMERY, AL 36130-5040

Fax: (334) 242-3288

Email:

glenn.davis@pt.alabama.gov sheila.wright@pt.alabama.gov

Website: www.pt.alabama.gov

LICENSE RENEWAL

IMPORTANT NOTICE:					
1) Your license will expire at midnight on September 30th of the current year. To renew your license, return this form with: (1) ertificate(s) of attendance at Board-approved continuing education (10 hours PT, 6 hours PTA); and (2) appropriate renewal fee (\$70 PT, 50 PTA) no later than September 30. No personal checks, cash, or credit cards accepted. A \$50 late fee is due after Sept 30th. Practicing without a license is a Class C misdemeanor punishable by a fine of not more than \$500, or by a term of imprisonment of not more than \$500.					
than 90 days, or both. ALA. CODE Section 34-24-196 (1975)					
	Lic No.	Business Address			

		Lic Type		
Date Licensed :		1 !		
(2) If your addresses are dif	ferent from those shown above, make correction	s below.		
N	ew Home Mailing Address	New Business Address		
Name		Name	_	
Street		Street	_	
City, State, Zip		City, State, Zip	_	
Home telephone number		County	_	
		Business telephone number Business fax number	_	
(3) Have you been convicted months?	of a felony or misdemeanor, entered a plea of no	lo contendere, or received deferral adjudication in the last 12		
	YES NO			
If you checked YES, give a fu	ıll explanation using an additional page.			
(4) Correct and current as of:				
Date	Signature	Daytime telephone number		